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Department of Health and Family Services

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MEMORANDUM

DATE: December 2, 2002

TO: COP County Contacts
Waiver County Contacts

FROM: Donna McDowell, Director
Bureau of Aging and Long Term Care Resources

RE: Use of COP & Waiver Funds in CBRFs: Model Criteria for the Determination of
Quality Services & Environment

A Division of Supportive Living memo #2002-02, dated April 5, 2002, discusses the policy that implements the statutory requirement that the CBRF provide quality services in a quality environment. The policy requires that county agencies establish standards or criteria for quality in a CBRF and incorporate these standards into the contract with the facility.

The Northeastern region organized a workgroup to develop a model of these standards. Memo series 2002-02 outlines minimum standards that must be incorporated into the contract. The attached materials go above and beyond the minimum standards and therefore it is not mandated that your county use these models in their entirety or at all. You should feel free to adapt the content or format as you wish. The members of the workgroup included: Gary Tilkens, Assistant Area Administrator; Marvin Rucker, Brown County; Tom Stratton, Outagamie County; Debbie Debruin, Outagamie County; Tracy Wisner, Waupaca County; Felicia Shaw, Calumet County; and Carrie Molke, Bureau of Aging and Long Term Care Resources. It is with their help that the following documents can be shared and used by all of you.

- **Model Quality Performance Standards & Measures**

There are sixteen specific areas covered in this document and it is organized into four major categories: resident & staff relationships, service delivery, administration and staffing, and facility characteristics. Each area is defined and organized into high versus low indications of quality, which is intended to be helpful in evaluating the level of quality in a specific CBRF.

- **Model Care Management Checklist for the Evaluation of Quality in CBRFs**

As one method to determine a facility's adherence to the quality standards, this document was developed to assist care managers in evaluating quality within a CBRF in correlation with expectations outlined in the CBRF contract. The workgroup envisioned that it would be used to assist in discussions with facilities to provide positive feedback and adversely, to notify them of areas that are inadequate or need improvement.

- **Model CBRF Consumer Satisfaction Survey**

This is a second tool intended to assist in determining the CBRF's compliance with the quality standards. Each question relates to an area addressed in the Model Quality Performance Standards & Measures as incorporated into the contract with the facility.

- **Quality in CBRFs: Ideas for Counties to Incorporate into Contracts**

The final attachment is intended to provide counties with examples of language that can be incorporated into the body of a contract to strengthen compliance with or for failure to adhere to the quality standards.

- **Criteria for Dementia Care Programs**

In addition to the materials above, counties are encouraged to include in their CBRF contracts additional services, outcomes or other requirements that are needed to ensure that the CBRF adequately provides the care and services needed by the individual with dementia. This document offers care managers suggestions for what to look for in a CBRF for a person with dementia and may provide ideas for what to add to the CBRF contract. This document was originally issued in 1998. Since the above documents do not specifically address criteria for individuals with dementia, this document is being reissued.

If you have any questions or suggestions related to the attached material, feel free to contact Carrie Molke, BALTCR. If you have any questions about the implementation of these policies or any other COP or Waiver policy, please do not hesitate to call anyone in BALTCR's Long Term Support Section or your Assistant Area Administrator.

Attachments

Cc: Area Administrators
Area Agencies on Aging
Assistant Area Administrators-Adult Services
DSL Administrator
DSL Bureau Directors
The Management Group

INFORMATION.....community options program

...from the Bureau of Aging and Long Term Care Resources

USE OF COP & COP-W/CIP-II FUNDING IN CBRFs: MODEL CRITERIA FOR THE DETERMINATION OF QUALITY SERVICES & ENVIRONMENT

Attached are technical assistance documents that can be used to assist Long Term Support Lead Agencies in implementing statutes and DSL memo series 2002-02 related to the use of funding in CBRFs.

- ◆ Model Quality Performance Standards & Measures
- ◆ Model Care Management Checklist for the Evaluation of Quality in CBRFs
- ◆ Model CBRF Consumer Satisfaction Survey
- ◆ Quality in CBRFs: Ideas for Counties to Incorporate into Contracts
- ◆ Criteria for Dementia Care Programs (Re-issued)

For further assistance, please contact Carrie Molke at the Bureau of Aging and Long Term care Resources at molkeca@dhfs.state.wi.us or via telephone at 608-267-5267.

Model Quality Performance Standards & Measures

Defining Expectations & Evaluating High Quality

The standards for quality outlined here are built on three important assumptions: (1) Quality is value based and consumer driven, (2) Quality is best judged over time and (3) Quality is defined by the values used to define it. The values used here are the basic values and goals of Wisconsin's community long-term support programs. Evaluation of quality will be conducted using High Quality Indicators in comparison to Low Quality Indicators.

RESIDENT & STAFF RELATIONSHIPS

#1: PROMOTION OF RESIDENT CHOICE, AUTONOMY, PRIVACY, PREFERENCE

Definition	High Quality Indicators	Low Quality Indicators
The manner in which the CBRF offers opportunities that empower residents to make choices, and the extent to which choices are honored.	<ol style="list-style-type: none"> 1. Staff offer and support resident's choices, privacy, and confidentiality. 2. Choices are available about things that matter to the residents. 3. Residents are encouraged to pursue their own interests. 4. The opinions of residents and significant others are sought and respected. 5. Residents have the option of a private room. 6. Residents are encouraged to decorate their own rooms. 7. The bathroom is in or adjacent to the individual's bedroom to prevent accidents and provide for privacy. 	<ol style="list-style-type: none"> 1. Residents are not given choices about things that are important to them. 2. Residents can only make choices about things they judge to be trivial. 3. The residents feel their lives at the CBRF reflect a lot of decisions over which they have little or no control. 4. Resident choices are not honored or respected. 5. Privacy and personal values are not respected. 6. Confidentiality is breached. 7. Residents are not permitted to or are not encouraged to bring their own personal items. 8. Residents only have the option of shared rooms and/or roommates are chosen for them. 9. The bathroom is shared by several individuals and is not conveniently located to prevent incontinence.

#2: RELATIONSHIP WITH RESIDENTS

Definition	High Quality Indicators	Low Quality Indicators
How the staff connect and work with the residents.	<ol style="list-style-type: none"> 1. Staff develop caring relationships with residents that exhibit thoughtfulness, patience, and understanding. 2. Staff respect each resident's opinions and preferences. 3. Staff enhance the self-worth of residents. 4. Staff and residents develop relationships that last over time. 	<ol style="list-style-type: none"> 1. Staff are rude to, ignore, talk down to, or ridicule the residents. 2. Staff provide services without preserving personal dignity. 3. Staff criticize the resident without considering individual limitations. 4. Staff withhold emotional support when it's needed. 5. Staff do not develop ongoing relationships with residents.

#3: COMMUNITY PRESENCE

Definition	High Quality Indicators	Low Quality Indicators
The active connection	<ol style="list-style-type: none"> 1. Efforts are made to promote the development of a community among the residents and among staff 	<ol style="list-style-type: none"> 1. Residents do not or are not encouraged to maintain and develop ties to their personal

between the residents and their personal communities, between the residents themselves, and between the residents and the broader community in which the facility exists.	<p>and residents.</p> <ol style="list-style-type: none"> Needs and preferences of residents for and about community are actively understood and responded to. The ability of residents to maintain and develop ties to their personal communities and relationships are valued, supported, and facilitated. Residents are asked what community events they would like to participate in, and residents are taken to these events. There are active efforts to understand the needs and preferences of individuals who are isolated from the community, or who have lost significant relationships or community connections. 	<p>communities and relationships.</p> <ol style="list-style-type: none"> Residents do not or are not encouraged to participate in community events. The facility does not actively promote the development of a community among the residents and among staff and residents.
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SERVICE DELIVERY

#4: SUPPORT, SUPERVISION, AND PERSONAL CARE SERVICES

Definition	High Quality Indicators	Low Quality Indicators
Services that insure the resident's well-being and continued functioning in a community setting. "Personal care services" are tasks completed to meet the resident's physical needs.	<ol style="list-style-type: none"> Physical care needs are met. Medical needs are met. Physical or pharmacological restraints are virtually unused. Efforts are made to work with difficult behaviors. Residents are strongly encouraged to participate in their own personal care and ADLs. Residents are encouraged to gain or regain independence in the completion of personal care tasks. Staff provide individualized care to meet the needs of residents. The CBRF makes medical appointments and arranges or provides transportation when residents are unable to. Facility has nurse on staff, or access to nurse consultation is readily available. Individuals receive prescribed medications at appropriate times, in the appropriate dosage. 	<ol style="list-style-type: none"> Physical cares are visibly needed. Medical needs appear to be unmet. Physical or pharmacological restraints appear to be used excessively. Residents are not given the opportunity to participate in their personal cares or ADLs. Residents are not encouraged to gain or regain independence. Care provision is not individualized. The CBRF doesn't assist with transportation to, assistance with or arranging of medical appointments. The CBRF does not have a nurse on staff or limited access to nursing expertise. Medication errors occur frequently, insufficient charting or fraudulent entry. Staff do not understand the importance or danger of medication errors.

#5: FOOD

Definition	High Quality Indicators	Low Quality Indicators
The nourishment provided to meet a resident's nutritional needs and the act of planning, preparing, and eating meals.	<ol style="list-style-type: none"> Efforts are made to provide a variety of nutritious and good tasting meals. Snacks are readily available in-between meals. Individual food preferences are recognized and incorporated. Alternative meals are offered. Residents are encouraged to participate in meal planning and preparation. The CBRF consults with a nutritionist or dietician. Specialized dietary needs are appropriately honored. The CBRF does not keep or serve any food from 	<ol style="list-style-type: none"> Meals are not nutritious or are poor tasting. There is little variety. The residents do not like the food. Food is not available in-between meals. Individual food preferences or dietary needs are not identified or incorporated into menus. Residents are not allowed to participate in meal planning or preparation. Nutritionists or dieticians are not consulted, or their recommendations are not incorporated.

	bulging or dented cans, or those with a lapsed expiration date.	
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#6: ACTIVITY PROGRAMMING

Definition	High Quality Indicators	Low Quality Indicators
Scheduled projects or social/recreational events that promote functional ability, facilitate recreation, and connect residents with their families and communities.	<ol style="list-style-type: none"> 1. CBRF encourages residents to engage in activities to the degree desired. 2. Activities provided by CBRF staff are tailored to residents' ages, interests, and functional abilities. 3. The activities promote increased functional and cognitive independence. 4. Opportunities exist for both individual and group activities. 5. A variety of activities are offered in-house and in the community. 6. Family participation is encouraged. 7. Television watching is not the primary activity. 8. The CBRF staff participate in activities with residents in the community and in-house. 	<ol style="list-style-type: none"> 1. There are no activities. 2. Staff do not encourage residents to engage in activities. 3. Staff force residents to participate. 4. The activities do not fit with the residents' interests and functional abilities. 5. The activities seem inappropriate. 6. The residents do not enjoy the activities. 7. No opportunity exists for participation in individual or group activities. 8. Activities are only offered in-house and not in the community. 9. Residents have no influence over what activities are planned. 10. CBRF staff do not participate in activities.

ADMINISTRATION & STAFFING

#7: EXPERIENCE, PERFORMANCE, PHILOSOPHY, & REPUTATION

Definition	High Quality Indicators	Low Quality Indicators
The CBRF owner's, manager's, and staff's formal education, ongoing training, and work experience. The ability of the CBRF to achieve its stated goals, and how the CBRF is regarded by its peers, its customers, and the general public.	<ol style="list-style-type: none"> 1. The CBRF management and staff know how to serve the CBRF's target population. 2. The management and staff have experience successfully caring for this target population in a residential setting. 3. The CBRF has a good reputation. 4. Residents and family members speak highly of the quality of care provided. 5. The CBRF develops and articulates service goals that are based on customer needs and preferences. It monitors these goals over time to ensure that customer responsive services are provided. 	<ol style="list-style-type: none"> 1. The management and staff have minimal or no relevant education, training, or work experience with the target population. 2. There is a history of failure in relevant work, training, or educational settings, serious enough to raise doubts about the CBRF's ability to provide services. 3. The CBRF has a bad reputation. 4. Residents are dissatisfied. 5. Families are dissatisfied.

#8: ADMINISTRATIVE CAPACITY

Definition	High Quality Indicators	Low Quality Indicators
Both the amounts of organizational resources	<ol style="list-style-type: none"> 1. Staff and managers have sufficient knowledge of administrative structure and follow them efficiently. 2. The CBRF invests sufficient staff time and 	<ol style="list-style-type: none"> 1. The organization has inadequate management systems. 2. The management staff are poorly trained, inexperienced, or unqualified.

devoted to program administration and the capability of the systems and personnel to perform these functions effectively.	<p>resources to successfully plan for and complete administrative activities.</p> <ol style="list-style-type: none"> Ongoing improvements in the quality of service are emphasized. Continuity of program quality exists despite difficulties with staffing. Staff and resident problems are identified and resolved. A formal process exists to discuss problems and expected events retroactively. The organization has formal plans and/or policies for dealing with physical disasters, medical emergencies, and staffing problems that are appropriate for the target group served. Staff are trained about the rules and procedures and are able to implement them effectively. 	<ol style="list-style-type: none"> The management staff are overworked. The CBRF owner and/or manager spend little time at the facility. No long-or short-range planning processes exist. Service quality is not a priority of management. Staff are not able to respond in an emergency.
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#9: ORGANIZATIONAL RESPONSIVENESS

Definition	High Quality Indicators	Low Quality Indicators
The organization's ability and willingness to promptly and effectively respond to the evolving needs of its residents and payers while continuously upgrading technology and service delivery methods.	<ol style="list-style-type: none"> Services evolve over time to meet changing needs of residents and purchasers. New technologies are incorporated (assistive technology, medications, etc.) The CBRF sees itself as part of a team and views its customers as active partners. When non-compliance with HFS 83 is identified by BQA, the CBRF responds quickly to quality improvements. The CBRF is able to adapt the restrictiveness of the setting to meet the evolving needs of residents. 	<ol style="list-style-type: none"> Standardized (not individualized) services are provided to all residents regardless of their needs or preferences. Residents are encouraged, expected, and/or required to leave the CBRF if they cannot adjust to the program and routine. The organization does not evolve over time to meet changing needs of residents and purchasers. Change is driven by crisis. Efforts are exclusively compliance oriented. Administrative responsiveness to quality problems are not addressed in a timely manner. Residents are not active participants in the organization. Decisions are made for, but not with residents.

#10: FINANCIAL MANAGEMENT

Definition	High Quality Indicators	Low Quality Indicators
How a CBRF manages its revenues and expenditures to promote stability in overall operations and service delivery.	<ol style="list-style-type: none"> Revenues are managed to provide the CBRF with sufficient resources to support staff, the facility, and the programs. The organization possesses a sense of financial security and stability at the administrative and service delivery levels. The CBRF has reserves or other financial backing to cover budget fluctuations (for at least 90 days per HFS 83). Annual and long-range financial projections are developed as a part of the organization's planning process. 	<ol style="list-style-type: none"> Revenue and expenditure management fails to provide the CBRF with adequate resources to support the staff, the facility, and the programs. The CBRF is constantly in a financial crisis. The availability of financial resources to maintain staffing and programs is constantly fluctuating and/or threatened. Financial problems consistently disrupt or compromise service delivery and staffing levels. Funds are not allocated to cover expected spending and reasonable contingencies, even when revenues are sufficient.

#11: ADMISSION & PLACEMENT PROCESS INTEGRITY

Definition	High Quality Indicators	Low Quality Indicators
Processes result in a mutual understanding between the facility and the resident that is sufficient to determine whether a match between the resident's needs and wants and the facility's ability to meet them exists or are possible.	<ol style="list-style-type: none"> 1. The residents of the CBRF are congruent with the facility's program statement, marketing strategy, values, and goals. 2. The facility conducts a comprehensive assessment that is used to determine the needs and preferences of potential residents. 3. The facility informs prospective residents of the pre-admission assessment requirement required from a county agency. The CBRF refers the individual to the appropriate county agency prior to admission. 4. The CBRF makes every effort to have a compatible mix of satisfied residents. 5. The resident's needs, and the CBRF's ability to meet those needs are considered prior to placement. 	<ol style="list-style-type: none"> 1. The resident's needs, and the CBRF's ability to meet those needs, are not considered prior to placement. 2. Placements are made outside of the target population and/or without regard for other residents. 3. The CBRF's residents are incompatible with each other. The CBRF does not take any steps to remedy resident incompatibility. 4. The staff, residents, and family are unhappy or dissatisfied. They feel that the process did not work to insure informed choices and a good fit or match. 5. The CBRF does not inform or refer prospective residents to the county for an assessment. 6. The CBRF makes no effort to understand county funding policies or procedures.

#12: LEVEL OF STAFFING

Definition	High Quality Indicators	Low Quality Indicators
The number of staff available to meet the routine and/or emergency needs of the residents.	<ol style="list-style-type: none"> 1. Staff are easily accessible and interact with the residents. 2. There is enough staff to ensure that resident's needs are met in a timely manner. 3. There is a plan for back-up staff in emergency situations. 	<ol style="list-style-type: none"> 1. Staff are not easily accessible. 2. The obvious needs of residents are not attended to or are being ignored. 3. There is no plan for back-up staff in emergency situations. 4. Staff are overworked.

#13: TRAINING

Definition	High Quality Indicators	Low Quality Indicators
Formal and/or informal education designed to give staff the information and skills necessary to care for CBRF residents.	<ol style="list-style-type: none"> 1. There are minimum training requirements and credentials as a prerequisite for employment. 2. Opportunities for ongoing staff development are provided. 3. Performance evaluations are conducted and training needs are identified. 4. Staff feedback concerning training needs is encouraged and valued. 5. Staff are or train to be knowledgeable about working with the target population. 	<ol style="list-style-type: none"> 1. There are no expectations that training be completed prior to the start of employment. 2. Training is not completed as outlined in HFS 83. 3. There is no system for providing on-going staff development. Staff requests are ignored. 4. There is no system to evaluate staff competency. 5. Staff are not adequately trained to care for the target population.

#14: STAFF PERFORMANCE & COMPETENCY

Definition	High Quality Indicators	Low Quality Indicators
The ability of staff to dependably and	<ol style="list-style-type: none"> 1. Staff report on time for their scheduled duty. 2. Staff spend time actively caring for residents in a compassionate and knowledgeable manner. 	<ol style="list-style-type: none"> 1. Staff are frequently late or absent. 2. The services provided do not meet the residents' needs.

predictably deliver needed services.	3. Staff receive continuing education to upgrade their competence. 4. Staff performance evaluations reflect that good care is given to residents.	3. Services are provided in an abusive or uncaring manner. 4. Continuing education is not available. 5. There is no method to measure the competency and performance of staff.
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FACILITY CHARACTERISTICS

#15: SAFETY, ACCESSIBILITY, & CLEANLINESS

Definition	High Quality Indicators	Low Quality Indicators
The CBRFs ability to provide services in a safe, accessible, and clean environment that promotes an individual's optimum health, security, and functioning.	1. The CBRF has formal emergency plans and regularly conducts drills. 2. The physical plant is in good repair. 3. Residents can safely ambulate within the facility and participate in recreational activities. 4. Staff use the appropriate equipment to provide care. 5. The facility is clean. 6. The home appears to be safe and secure. 7. There is safe access to outdoor activities. 8. Doorways, hallways and rooms are large enough to accommodate wheel chairs if applicable.	1. The physical plant is in poor repair or is inaccessible. 2. Residents cannot ambulate safely. 3. Staff are poorly trained on equipment or use equipment that is unsafe. 4. The facility is not well maintained or clean.

#16: HOMELIKE ENVIRONMENT

Definition	High Quality Indicators	Low Quality Indicators
The degree to which the CBRF's physical environment feels like home to its residents.	1. The CBRF is bright, cheery, warm, and feels cozy. 2. The CBRF's furnishings and decorations are appropriate, respecting both age and levels of disability. 3. There are areas where visits can take place with privacy. 4. Residents have their own telephone line if preferred. 5. The CBRF allows couples to share the same room. 6. Peoples' preferences regarding sexuality are understood and respected.	1. The CBRF looks institutional and is impersonal. 2. Residents have little control over their environment. 3. Residents have little privacy. 4. Residents are not involved in decorating. 5. Residents do not have their own telephone line. 6. The CBRF does not allow cohabitation. 7. Peoples' preferences regarding sexuality are not understood or respected.

Standards adapted from "EQUATE: Elements of Quality Assessment Tool for the Elderly and the CBRF Service Quality Assessment Manual" prepared by The Management Group, October 31, 1994 for Dane County DHS

MODEL CARE MANAGEMENT CHECKLIST FOR THE EVALUATION OF QUALITY IN CBRFs

Date: _____ Facility Name: _____
Client Name: _____ Completed By: _____

#1: PROMOTION OF RESIDENT CHOICE, AUTONOMY, PRIVACY, PREFERENCE

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. Staff offer and support resident's choices, privacy, and confidentiality.	Privacy and personal values are not respected. Confidentiality is breached.		
2. Choices are available about things that matter to the residents.	Residents are not given choices about things that are important. They can only make choices about things they judge to be trivial.		
3. Residents are encouraged to pursue their own interests.	Residents are not encouraged to pursue their own interests.		
4. The opinions of residents and significant others are sought and respected.	Resident choices are not honored or respected. The residents feel their lives at the CBRF reflect a lot of decisions over which they have little or no control.		
5. Residents have the option of a private room.	Residents only have the option of shared rooms. Resident's roommates are chosen for them.		
6. Residents are encouraged to decorate their own rooms.	Residents are not permitted to or are not encouraged to bring their own personal items.		

Comments: _____

#2: RELATIONSHIP WITH RESIDENTS

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. Staff develop caring relationships with residents that exhibit thoughtfulness, patience, and understanding.	Staff are rude to, ignore, talk down to, or ridicule the residents.		
2. Staff respect each resident's opinions and preferences.	Staff provide services without preserving personal dignity. Staff criticize the resident without considering individual limitations.		
3. Staff enhance the self-worth of residents.	Staff withhold emotional support when it's needed		
4. Staff and residents develop relationships that last over time.	Staff do not develop ongoing relationships with residents.		

Comments: _____

#3: COMMUNITY PRESENCE

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. Efforts are made to promote the development of a community among the residents and among staff and residents	The facility does not actively promote the development of a community among the residents and among staff and residents.		
2. Needs and preferences of residents for and about community are actively understood and responded to.	Needs and preferences of residents for and about community are not actively understood or respected.		
3. The ability of residents to maintain and develop ties to their personal communities and relationships are valued, supported, and facilitated.	Residents do not or are not encouraged to maintain and develop ties to their personal communities and relationships.		
4. Residents are asked what community events they would like to participate in and residents are taken to these events.	Residents do not or are not encouraged to participate in community events.		
5. There are active efforts to understand the needs and preferences of individuals who are isolated from the community, or who have lost significant relationships or community connections.	No active efforts are made to understand the needs and preferences of isolated individuals, or for those who have lost relationships or community connections.		

Comments: _____

#4: SUPPORT, SUPERVISION, AND PERSONAL CARE SERVICES

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. Physical care needs are met.	Physical cares are visibly needed.		
2. Medical needs are met.	Medical needs appear to be unmet.		
3. Physical or pharmacological restraints are virtually unused.	Physical or pharmacological restraints appear to be used excessively.		
4. Efforts are made to work with difficult behaviors.	Staff do not know how and are not trained to work with difficult behaviors.		
5. Residents are strongly encouraged to participate in their own personal care and ADLs.	Residents are not given the opportunity to participate in their personal cares or ADLs.		
6. Residents are encouraged to gain or regain independence in the completion of personal care tasks.	Residents are not encouraged to gain or regain independence.		
7. Medication is administered correctly.	Regular medication errors, incomplete charting or fraudulent entry.		
7. Staff provide individualized care to meet the needs of residents.	Care provision is not individualized.		

Comments: _____

#5: FOOD

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. Efforts are made to provide a variety of nutritious and good tasting meals.	Meals are not nutritious or are poor tasting. The residents do not like the food.		
2. Snacks are readily available in-between meals.	Snacks are not available in-between meals or are only available at designated times.		
3. Individual food preferences are recognized and incorporated. Alternative meals are offered.	Individual food preferences or dietary needs are not identified or incorporated into menus. There is little variety.		
4. Residents are encouraged to participate in meal planning and preparation.	Residents are not allowed to participate in meal planning or preparation.		
5. The CBRF consults with a nutritionist or dietician.	Nutritionists or dieticians are not consulted, or their recommendations are not incorporated.		
6. Specialized dietary needs are appropriately incorporated and honored.	Specialized dietary needs are unmet.		
7. The CBRF does not keep or serve any food from bulging or dented cans or those with a lapsed expiration date.	The CBRF serves food that is expired. Dented or bulging cans are not discarded, but served to residents.		

Comments: _____

#6: ACTIVITY PROGRAMMING

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. CBRF encourages residents to engage in activities to the degree desired.	There are no activities, or staff do not encourage residents to engage in activities, or staff force residents to participate.		
2. Activities provided by CBRF staff are tailored to residents' ages, interests, and functional abilities.	The activities do not fit the residents' interests and functional abilities.		
3. The activities promote increased functional and cognitive independence.	The activities seem inappropriate. Residents have no influence over what activities are planned.		
4. Opportunities exist for both individual and group activities.	No opportunity exists for participation in individual or group activities.		
5. A variety of activities are offered in-house and in the community.	Activities are only offered in-house and not in the community. The same activities are planned day after day.		
6. Family participation is encouraged.	Family participation is not encouraged.		
7. Television watching is not the primary activity.	Television watching is the primary activity. Television shows watched are inappropriate or not preferred by residents		
8. The CBRF staff participate in activities with residents in the community and in-house.	Staff do not participate in activities. Residents are left alone during activities while staff do other things.		

Comments: _____

#7: EXPERIENCE, PERFORMANCE, PHILOSOPHY, & REPUTATION

HIGH INDICATOR	LOW INDICATOR	RESULT	
		HIGH	LOW
1. The CBRF management and staff know how to serve the CBRF's target population.	The management and staff have minimal or no relevant education, training, or work experience with the target population.		
2. The management and staff have experience successfully caring for this target population in a residential setting.	There is a history of failure in relevant work, training, or educational settings serious enough to raise doubts about the CBRF's ability to provide services.		
3. The CBRF has a good reputation. Residents and family members speak highly of the quality of care provided.	The CBRF has a bad reputation. Residents are dissatisfied. Families are dissatisfied.		
4. The CBRF develops and articulates service goals that are based on customer needs and preferences. It monitors these goals over time to ensure that customer responsive services are provided.	There are no consumer-based goals and there is no effort put forth to do so.		

Comments: _____

#8: ADMINISTRATIVE CAPACITY

HIGH INDICATOR	LOW INDICATOR	RESULT	
		HIGH	LOW
1. Staff and managers have sufficient knowledge of administrative structure and follow them efficiently.	The CBRF has inadequate management systems.		
2. The CBRF invests sufficient staff time and resources to successfully plan for and complete administrative activities.	The management staff are poorly trained, inexperienced, or unqualified. The management staff are overworked. The CBRF owner and/or manager spend little time at the facility.		
3. Ongoing improvements in the quality of service are emphasized.	Service quality is not a priority of management.		
4. Continuity of program quality exists despite difficulties with staffing.	Program quality suffers with staffing difficulties. No system is in place to plan for in case of staff shortage.		
5. Staff and resident problems are identified and resolved. A formal process exists to discuss problems and expected events retroactively.	No long or short range planning processes exist.		
6. The CBRF has formal plans and/or policies for dealing with physical disasters, medical emergencies, and staffing problems that are appropriate for the target group served. Staff are trained about the rules and procedures and are able to implement them effectively.	Staff are not able to respond to an emergency.		

Comments: _____

#9: ORGANIZATIONAL RESPONSIVENESS

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. Services evolve over time to meet changing needs of residents and purchasers.	Standardized (not individualized) services are provided to all residents regardless of their needs or preferences. The organization does not evolve over time to meet changing needs of residents and purchasers. Efforts are exclusively compliance oriented.		
2. New technologies are incorporated (assistive technology, medications, etc.)	New technologies are not incorporated into the program to help maintain individuals in the CBRF. Residents are encouraged, expected, and/or required to leave the CBRF if they cannot adjust to the program and routine.		
3. The CBRF sees itself as part of a team and views its customers as active partners.	Residents are not active participants in the organization. Decisions are made for, but not with residents.		
4. When non-compliance with HFS 83 is identified by BQA, the CBRF responds quickly to quality improvements.	Administrative responsiveness to quality problems are not addressed in a timely manner. Change is driven by crisis.		
5. The CBRF is able to adapt the restrictiveness of the setting to meet the evolving needs of residents.	The CBRF has no, or a limited, ability to identify or adapt to the changing needs of residents, or it is unable to serve a resident.		

Comments: _____

#10: FINANCIAL MANAGEMENT

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. Revenues are managed to provide the CBRF with sufficient resources to support staff, the facility, and the programs.	Revenue and expenditure management fails to provide the CBRF with adequate resources to support the staff, the facility, and the programs. Financial problems consistently disrupt or compromise service delivery and staffing levels.		
2. The organization possesses a sense of financial security and stability at the administrative and service delivery levels.	The CBRF is constantly in a financial crisis. The availability of financial resources to maintain staffing and programs is constantly fluctuating and/or threatened.		
3. The CBRF has reserves or other financial backing to cover budget fluctuations (for at least 90 days). Annual and long-range financial projections are developed as a part of the organization's planning process.	Funds are not allocated to cover expected spending and reasonable contingencies, even when revenues are sufficient.		

Comments: _____

#11: ADMISSION & PLACEMENT PROCESS INTEGRITY

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. The residents of the CBRF are congruent with the facility's program statement, marketing strategy, values, and goals.	Placements are made outside of the target population and/or without regard for other residents.		
2. The facility conducts a comprehensive assessment that is used to determine the needs and preferences of potential residents.	The staff, residents, and family are unhappy or dissatisfied. They feel that the process did not work to insure informed choices and a good fit or match.		
3. The facility informs prospective residents of the pre-admission assessment requirement. The CBRF refers the individual to the appropriate county agency prior to admission.	The CBRF does not inform or refer residents to the county for an assessment. The CBRF makes no effort to understand funding policies or procedures.		
4. The CBRF makes every effort to have a compatible mix of satisfied residents.	The CBRF's residents are incompatible with each other. The CBRF does not take any steps to remedy resident incompatibility.		
5. The resident's needs, and the CBRF's ability to meet those needs are considered prior to placement.	The resident's needs, and the CBRF's ability to meet those needs, are not considered prior to placement.		

Comments: _____

#12: LEVEL OF STAFFING

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. Staff are easily accessible and interact with the residents.	Staff are not easily accessible		
2. There is enough staff to ensure the resident's needs are met in a timely manner.	The obvious needs of residents are not attended to or are ignored.		
3. There is a plan for back-up staff in emergency situations.	Staff are overworked. Staff are forced to work extra shifts to cover in emergency situations.		

Comments: _____

#13: TRAINING

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. There are minimum training requirements and credentials as a prerequisite for employment.	There are no expectations that training be completed prior to the start of employment. Training is not completed as outlined in HFS 83.		
2. Opportunities for ongoing staff development are provided.	There is no system for providing ongoing staff development.		
3. Performance evaluations are conducted and training needs are identified.	There is no system to evaluate staff competency.		
4. Staff feedback concerning training needs is encouraged and valued.	Staff requests are ignored.		

Comments: _____

#14: STAFF PERFORMANCE & COMPETENCY

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. Staff report on time for their scheduled duty.	Staff are frequently late or absent.		
2. Staff spend time actively caring for residents in a compassionate and knowledgeable manner.	The services provided do not meet the residents' needs. Services are provided in an abusive or uncaring manner.		
3. Staff receive continuing education to upgrade competence.	Continuing education is not available.		
4. Staff performance evaluations reflect that good care is given to residents.	There is no method to measure the competency and performance of staff.		
5. Staff are, or train to be, knowledgeable about working with the target population.	Staff do not appear to be knowledgeable of the individualized needs of the target population.		

Comments: _____

#15: SAFETY, ACCESSIBILITY, & CLEANLINESS

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. The CBRF has formal emergency plans and regularly conducts drills.	The CBRF does not have emergency plans, or does not educate residents and staff on such plans. Drills are not conducted.		
2. The physical plant is in good repair.	The physical plant is in poor repair or is inaccessible.		
3. Residents can safely ambulate within the facility and participate in recreational activities.	Residents cannot ambulate safely.		
4. Staff use the appropriate equipment to provide care.	Staff are poorly trained on equipment or use equipment that is unsafe.		
5. The facility is clean.	The facility is not well maintained or clean.		

Comments: _____

#16: HOMELIKENESS

		RESULT	
HIGH INDICATOR	LOW INDICATOR	HIGH	LOW
1. The CBRF is bright, cheery, warm, and cozy feeling.	The CBRF looks institutional and is impersonal.		
2. The CBRF's furnishings and decorations are appropriate, respecting both age and levels of disability.	Residents have little control over their environment. Residents are not involved in decorating.		
3. There are areas where visits can take place with privacy.	Residents have little privacy.		
4. Residents have their own telephone line if preferred.	Residents do not have their own telephone line.		
5. The CBRF allows couples to share the same room.	The CBRF does not allow cohabitation.		
6. Peoples' preferences regarding sexuality are understood and respected.	Peoples' preferences regarding sexuality are not understood or respected.		

Comments: _____

.....

Summary: _____

Follow-up Required: ☐ BQA ☐ Ombudsman ☐ Facility Owner
 ☐ Resident's Family ☐ Other: _____

Model CBRF Consumer Satisfaction Survey

Completed By: _____ **Date:** _____

- | | | |
|---|------------|-----------|
| 1. Do you feel that the staff offer and support your choices, and honor your privacy? | YES | NO |
| 2. Do you feel that you are given choices about things that matter to you? | YES | NO |
| 3. Are you able to pursue your own interests? | YES | NO |
| 4. Do you feel that the staff treat you with respect? | YES | NO |
| 5. Do you have a good relationship with the staff here? | YES | NO |
| 6. Do you feel that there is a sense of community among other residents here? | YES | NO |
| 7. Can you stay connected with people who are important to you? | YES | NO |
| 8. Do you attend events in the community if you want to? | YES | NO |
| 9. Are your physical and medical needs cared for? | YES | NO |
| 10. Do you enjoy the food? | YES | NO |
| 11. Do you feel that you are offered a wide variety of nutritious and good tasting meals? | YES | NO |
| 12. Do you help with choosing what to eat? | YES | NO |
| 13. Do you help with preparing meals if you'd like to? | YES | NO |

14.	Are the activities that you do throughout the day to your liking?	YES	NO
15.	Do you feel that the primary activity is watching television?	YES	NO
16.	Do the staff participate in the activities with you?	YES	NO
17.	Do your family or friends attend events or activities with you?	YES	NO
18.	Do you wish there would be more variety in the daily activities?	YES	NO
19.	Do you get outside much?	YES	NO
20.	Do you know where to go if there is a fire?	YES	NO
21.	Do you have fire drills?	YES	NO
22.	Is the facility clean to your liking?	YES	NO
23.	Do you think of this place as relatively cheery, warm, and cozy?	YES	NO
24.	Do you like the decorations?	YES	NO
25.	Are there areas where visits from friends and family can take place that is private?	YES	NO
26.	Are you happy living here?	YES	NO

Any Comments? _____

Quality in CBRFs

Ideas for Counties to Incorporate into Contracts

This document is intended to provide counties with examples of language that can be incorporated into the body of a contract to strengthen compliance with or for failure to adhere to quality standards.

Section I: Example Introduction to Quality Standards

In accordance with Wisconsin State Statutes 46.27(7)(cj)3.d., 46.27(11)(c)5n.d., and 46.277(5)(d)1n.d. and state policy, a county agency shall establish standards or criteria for quality in a CBRF that shall be incorporated into the contract with the CBRF. The CBRF shall adhere to the standards in order to receive Community Options Program and/or COP-W/CIP-II funding.

Method for Determining Adherence to Quality Standards

Each CBRF shall provide a full range of program services based on the needs of the resident that are consistent with the requirements of HFS 83.33 “Program Services.” Each CBRF shall be monitored by using the quality standards outlined below. Quality indicators shall be used by the Purchaser to evaluate the functioning and capability of the CBRF to provide adequate services to program participants.

The following measures will be used to determine compliance with the standards below:

1. Any investigation, sanction, penalty, or deficiency imposed by the State of Wisconsin, Bureau of Quality Assurance;
2. Purchaser’s Care Manager Evaluation & Satisfaction (including, but not limited to, care manager’s observations of the facility and the facility’s adherence to the quality standards).
3. Consumer Satisfaction (including, but not limited to, review of the CBRF Consumer Satisfaction Survey)

Section II: Example Procedures/Actions for Non-Compliance

Require Facilities to report any BQA cited deficiencies, Plans of Correction & Demonstrate Progress

- A. Provider shall report any State of Wisconsin imposed deficiency to Purchaser and shall provide a copy of the findings when requested.

(Note: You may want to specify that the Provider will provide this information each time a deficiency is cited and within a specified time limit.)

- B. When a notice of violation is issued by DHFS, the Provider shall submit the Plan of Correction to the Purchaser no more than 30 days after the date of the notice. If the DHFS requires modifications in the proposed Plan of Correction, the Provider shall submit a copy to Purchaser.
- C. If Provider fails to make a correction by the date specified in the Plan of Correction, Purchaser reserves the right to....

Outline a Corrective Action Plan

- A. Purchaser reserves the right to develop and require compliance with an agreed upon corrective action plan or to place a condition on the Purchase of Services Contract if the Purchaser finds that a condition or occurrence directly threatens the health, safety, or welfare of a Purchaser-supported resident.

(Note: To develop a Corrective Action Plan, it is recommended that Counties clearly outline areas that have been violated and what the required action of the CBRF will be. For example, if the facility is found to be in violation of a requirement to invite county care managers to the resident's ISP staffing, the "Plan of Action" may be that the CBRF will provide appropriate notice to the county so they may participate in required six month ISP reviews.)

Specific Financial Penalty for Non-Compliance/ Multiplier for Repeated Offenses

- A. If the Provider is found to be in violation of...., Purchaser may withhold \$150 for each offense.

(Note: You may want to give consideration of the degree or nature of the offense. For example, those related to the safety of the resident should involve a higher fine.)

- B. If the Provider does not comply with the terms of this section, Purchaser will withhold payments based on the following schedule:

First offense:	\$100
Second offense:	\$250
Third offense:	\$500
Fourth offense:	Termination of contract

Freeze New County Admissions

- A. No new county admissions will be authorized if Provider is found to be in violation of this contract.

Remove Consumers

- A. Purchaser reserves the right to immediately remove any resident if Provider is found to be in violation of Wisconsin Statute, Administrative rule, or the terms of this contract.

Require Staff Training in One or More Specific Areas

- A. Purchaser reserves the right to require additional training if the care of a resident requires it.
- B. Purchaser reserves the right to require additional training if the Purchaser finds that Provider's staff are not equipped to care for Purchaser-supported residents.

Require Resident Satisfaction Evaluation

- A. The Provider will develop and implement a method to annually evaluate the satisfaction of residents and their families in accordance with HFS 83.32(2)(c)1. The Provider shall make copies of the evaluations provided by Purchaser-supported residents, and any summary of the evaluations of all residents, available to the Purchaser.

(Note: In addition to, or as a substitute to the above, the Purchaser may want to conduct the evaluation and review the results to avoid any bias in the consumer's response.)

Right to Terminate/Suspend Contract Clause

- A. This contract may be terminated or suspended due to deficiencies in quality or quantity of services. Upon notification, county and provider shall determine whether such inability will require a revision or early termination of this contract.
- B. County reserves the right to terminate or suspend this contract due to deficiencies in quality or quantity of services at any time. Upon such notification, County and Provider shall determine whether such inability will require a revision or early termination of this Contract.

Withhold Payments

- A. County may withhold any and all payments otherwise due Provider if Provider fails to perform in accordance with this Contract, and county may hold the payments until Provider corrects its failure to perform.

If Provider wishes to dispute a claim denial or partial claims payment, it may request that the County reconsider its action by filing a written request with the County within 60 days of the County's action. Provider may appeal County's reconsideration decision or failure of County to respond within 45 days of a reconsideration request by filing a

written request to the DHFS within 60 days of the County's final decision or failure to respond.

- B. The purchaser reserves the right to withhold or execute payment to Provider, if failure to comply or perform in accordance with this contract occurs.
- C. County (purchaser) may withhold or execute payment consistent with the degree to which the terms of the purchaser's care plan for the resident have been fulfilled.
- D. Failure to adhere to quality standards shall be grounds for withholding payment or reducing or terminating the contract. Prior to reduction or termination, the CBRF shall have an opportunity to correct any deficiencies in a timely manner, as determined by the County.
- E. Where circumstances exist for which the Department of Health and Family Services imposed deficiencies on the provider related to care, resident rights and safety, County reserves the right to delay payment (or withhold payment) until deficiencies are adequately corrected as determined by the County.
- F. The Purchaser reserves the right to authorize payment only for services rendered in compliance with applicable statutes and regulations, and to authorize or withhold authorization of payment consistent with the degree to which the terms of the purchaser's care plan for the resident have been fulfilled.

Require Compliance with County Quality Assurance Standards

- A. Provider agrees to participate to the extent requested by County in County's quality assurance/quality improvement programs and procedures.
- B. Provider shall notify County, in writing, whenever it is unable to provide the required quality or quantity of services.
- C. The Purchaser reserves the right to undertake quality assurance efforts relating to the care of Purchaser-supported CBRF residents as the Purchaser deems appropriate. The CBRF will cooperate with the Purchaser in these efforts.

Require Compliance with State Licensing Codes (HFS 83 for CBRFs)

- A. Provider shall comply with the spirit and intent of HFS 83 or any other applicable rule, and pertinent Statute.
- B. HFS 83 provides the authority and purpose by which CBRFs exist and as such, serves as the standard for their operation and the expectations of the Purchaser.

Require Adherence to County agency/COP/DHFS/CMO/etc. Mission Statement

A. “The Provider shall adhere to the CMO’s Mission Statement:

The Supportive Options for Senior Care Management Organization of Milwaukee County Department on Aging respects the dignity, personal autonomy and cultural values of each member by honoring choice and promoting the member’s continued participation in the life of their community, by providing a continuum of quality cost-effective long term care to its members and their families/caregivers. Supportive Options of Seniors-CMO is based on values that were developed by statewide Long Term Care Redesign. Each CMO is expected to uphold FC’s outcomes:

- People are treated fairly.
- People have privacy.
- People are respected and have dignity.
- People choose their services
- People choose their daily routine.
- People achieve their employment objectives
- People choose where and with whom they live.
- People participate in the life of the community.
- People remain connected to informal support networks.
- People are free from abuse and neglect.
- People have the best possible health.
- People are safe.
- People are confident that the service system is reliable and predictable.
- People are satisfied with service.” *Milwaukee Co.*

B. The Provider shall adhere to the Community Options Guiding Principles:

R elationships between participants, care managers and providers are based on caring, respect, continuity over time, and a sense of partnership.

E mpowerment to make choices. Individual choice is the foundation of ethical home and community-based long-term support services.

S ervices to meet individual needs. Individuals want prompt and easy access to services that are tailored to their unique circumstances.

P hysical and mental health. Services are intended to help people achieve their optimal level of health and functioning.

E nhancement of participant reputation. Services maintain and enhance participant’s sense of self-worth and community recognition of their value in every way possible.

C ommunity and family participation. Participants are supported to maintain and develop friendships and to participate in their families and communities.

T ools for independence. People are supported to achieve maximum self-sufficiency and independence.

C. The Provider shall adhere to the Department of Health and Family Services Mission Statement:

We are committed to successful methods that:

- Promote independence.
- Strengthen families
- Encourage healthy behaviors.
- Promote community responsibility.
- Provide services of value to taxpayers.
- Protect vulnerable children, adults and families.
- Prevent individual and social problems.

Criteria for Dementia Care Programs

Originally dated June, 1998, Reissued September, 2002

The following are statements of good practices which may be considered when developing contracts or care plans for persons with dementia whose CBRF care will be funded by COP, COP-W or CIP-II.

1. Structured programming (including activities of daily living) is provided and the programming ensures the individual's safety, accommodates memory losses, supports existing interests and capabilities, and promotes increased functional and cognitive independence.
2. Care and services provided by the CBRF address the individual needs and preferences of the person with dementia.
3. The environment meets individual needs and preferences of the person with dementia as identified in the care manager's assessment.
4. Individuals are monitored for changes in health status, (e.g., cognitive, emotional, behavioral, physical), by knowledgeable providers who recognize signals indicating the need for interventions. Mechanisms are in place to inform the family, significant others and the health care provider as appropriate.
5. As the dementia progresses, programming, care and services are adapted accordingly.
6. As the dementia progresses, the family and significant others are provided with information and resources necessary to make informed decisions about adjustments in care and services.
7. Information about adapting verbal and non-verbal communications is provided and enables family, staff and others to communicate successfully with the resident.
8. Staff members are able to identify potential triggers that may precipitate behavioral reactions and they implement preventive strategies.
9. Staff members are able to observe and analyze challenging behaviors, respond with creative problem solving and implement behavior management techniques that minimize the use of authorized physical and pharmacological restraints.
10. The person's nutrition and hydration are monitored continuously; staff adapt the foods, meals and strategies for assisting with eating or feeding that meet the individual's changing needs.
11. The CBRF provides opportunities for potential new residents, their families and county care managers to observe, experience and evaluate everyday activities.

12. Any circumstances for which the Department imposed sanctions or penalties on the licensee have been corrected.
13. Any circumstances for which the Department imposed deficiencies on the licensee related to care, resident rights and safety have been corrected.
14. The CBRF agrees to participate in the Alzheimer's Association Voluntary Disclosure Statement Program. *

*The Wisconsin Alzheimer's Association Voluntary Disclosure Statement Program has been described in a letter dated March 30, 1998. The letter, voluntary disclosure statement and a consumer checklist were mailed to all counties, CBRF providers, and others. If you would like a copy of this information, contact your regional Alzheimer's Association Chapter.

Adapted from the following publications:

1. Alzheimer's Disease and Related Disorders Consumer Checklist: Important Questions to Ask about Dementia Specific Care; Wisconsin Alzheimer's Association Chapter Network, Green Bay, WI. (1997).
2. Guidelines for Dignity: Goals of Specialized Alzheimer's/Dementia Care in Residential Settings, The Alzheimer's Disease and Related Disorders Association, Inc., Chicago, IL. (1992).
3. Home Away From Home: Comprehensive Community Based Residential Care for Persons with Alzheimer's Disease and Other Irreversible Dementias; The Wisconsin Alzheimer's Information and Training Center, Edited by the Staff of the Alzheimer's Association Chapter of Southeastern Wisconsin Milwaukee, WI. (1993)